FAMILY
EYEHEALTH
CENTER

Reason(s) for appointment: (circle all that apply)

Eye Exam Contacts Glasses Medical Concern

Symptoms: (circle all that apply)

Tired/achy Red Itchy Watery Sandy/dry Blurred Vision Double Vision Floaters/Spots

Light Flashes Halos Eye Pain Foreign Body Night Driving Glare Blurred Reading

No Problems

Visual Needs Assessment:

Hours of computer usage: _____

Hours of outdoor activity: _____

Hobbies: _____

Sports:_____

Eyestrain/Neck strain/Headaches:_____

Hours before reading fatigue:_____

Social History:

Do you drink alcohol? Social Non-Drinker

Do you use chewing tobacco? Yes No

Do you smoke? Occasionally Daily Never Smoked Former Smoker

Ocular History:

Date of last eye exam: _____ Have you had Lasik? Yes No

Have you ever experienced, been diagnosed or treated for any of the following? (circle all that apply)

Cataracts Macular Degeneration Retinal Detachment Dryness Eye Injury

Crossed eye/Eye turn Lazy Eye Floaters/flashes Keratoconus Glaucoma Iritis/Uveitis

Continue to other side

Medical History:

Have you ever been diagnosed or treated for any of the following health problems? (circle all that apply)

High blood pressure	Cholesterol	Stroke	Heart Disease	Asthma	Emphysema
COPD	Crohn's	Colitis	Acid reflux	GERD	Rheumatoid
Osteoarthritis	Arthritis	Fibromyalgia	Eczema	Rosacea	Psoriasis
Multiple Sclerosis	Cerebral Palsy	Epilepsy	Migraine	ADHD/ADD	Anxiety
Depression	Bi-Polar	Schizophrenia	Thyroid	Anemia	Diabetes
Hearing Loss	Sinus pain/infection	Cancer	Kidney disease	Kidney stones	Lupus
Sjogren's syndrome	HIV	Allergies: environmental		drug _____	

No Health Issues _____

Do we have permission to access your medication list from your pharmacy? Yes No

List of Medications both prescription and over-the-counter: (or if you have a list we can copy that)

_____
_____
_____
_____

Family Medical/Ocular History: (circle all that apply)

Blindness	Cataract	Macular Degeneration	Retinal Disorder/Detachment		Glaucoma
Lazy eye	Crossed eye(s)	Hashimoto's Disease	Stroke	Cancer	High Blood Pressure
Cholesterol	Diabetes	Arthritis			

Or:

Family History Unknown